

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 6/2000c)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME

Maziar Movassaghi

DEPARTMENT

Toxic Substances Control

POSITION

Acting Director

DIVISION OR BUREAU

Executive Office

INDEX NUMBER

5000

HEADQUARTERS ADDRESS

1001 I Street

CITY

Sacramento

STATE

CA

ZIP CODE

95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
3/1	9:00	Sacramento to Las Vegas	25.00		10.00	15.00			SC/A				50.00	
3/1		Drive to Gene, California							RC					
3/2		Drive Gene to Ontario		6.00	10.00	18.00	6.00		RC				40.00	
3/2	22:55	Ontario to Sacramento (Residence)						43.95	A/SC	18.00			61.95	
		Topock Leadership Meeting to discuss clean-up project												
3/22	12:15	Office to San Francisco							SC	10.00			10.00	
3/22	22:45	San Francisco to Residence				18.00			SC	8.00			26.00	
		Met with Steve Owens of USEPA and												
		Speaker (Green Chemistry) - American Chemical Society- Chemistry for a Sustainable World												
		Moscone Center - San Francisco												
(10) SUBTOTALS			25.00	6.00	20.00	51.00	6.00	43.95		36.00			187.95	
CLAIM TOTAL													\$187.95	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS(Attach receipts/vouchers when required)

A (Air) RC (Rental) SC (State Car)

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AC	AMOUNT	OBJ AO	AMOUNT	TOTAL
8:00 AM - 5:00 PM	95080			292	108.00	295	36.00	525.20	43.95			\$187.95
(14) MILEAGE RATE CLAIMED												
/mile												
AGENCY ACCOUNTING												
OFFICE USE ONLY												
PAID BY REV. FUND CHECK No.												
TOTALS					108.00		36.00		43.95			\$187.95

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE 4/25/10
DATE